TRAUMATIC BRAIN INJURY SUBCOMMITTEE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON HEALTH AND HUMAN SERVICES

BACKGROUND INFORMATION

Session Law 2014-100, Section 12I.2.(a) established a Traumatic Brain Injury Subcommittee to the Joint Legislative Oversight Committee on Health and Human Services. The subcommittee is tasked with examining a series of eight traumatic brain injury (TBI)-related issues. This document provides background information in response to those eight issues on what resources and services currently exist for individuals with TBI.

(1) Existing TBI services and any deficiencies in service array, quality of services, accessibility, and availability of services across each age group of persons with TBI regardless of the age at which the trauma occurred.

Existing services for TBI are currently provided through the Department of Health and Human Services' Division of Medical Assistance (DMA), Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS), and Division of Vocational Rehabilitation (DVR).

DIVISION	PROGRAM	SERVICES	ACCESSIBILITY/AVAILABILITY/DEFICIENCIES
DMA	Medicaid State Plan Services	Services include, but are not limited to: Occupational Therapy Speech and Language Therapy Personal Care Services Inpatient Hospitalization Acute Rehabilitation Durable Medical Equipment Pharmacy benefits	 An individual must meet financial and categorical Medicaid eligibility requirements and be enrolled in Medicaid to receive these services Medicaid State Plan services are available to individuals with TBI if they meet the service criteria There are individuals with TBI who have Social Security Disability Insurance (SSDI), which may disqualify them financially from Medicaid Medicaid beneficiaries under the age of 21 can request additional services under federal Early and Periodic Screening, Diagnosis and Treatment (EPSDT) regulations
DMA	Medicaid NC Innovations Waiver	Services include, but are not limited to Assistive technology Community guide Community networking Community transition Crisis services Day supports Home modifications In-home skill building In-home intensive supports Individual goods and services Natural supports and education Personal care services Residential supports Respite services	 An individual must meet financial and categorical Medicaid eligibility requirements and be enrolled in Medicaid to receive these services NC Innovations services are only available to individuals with Intellectual/Developmental Disabilities (I/DD) who meet Intermediate Care Facilities (ICF) level of care for I/DD Individuals must have a TBI that occurred before the age of 22 for it to be considered a developmental disability The number of waiver participants is limited There is currently a waiting list for NC Innovations waiver slots

DIVISION	PROGRAM	SERVICES	ACCESSIBILITY/AVAILABILITY/DEFICIENCIES
DMA	Medicaid 1915(b)(3) Waiver Services	 Specialized consultative services Supported employment Vehicle modifications Services include but are not limited to: Respite services Community transition 	 An individual must meet financial and categorical Medicaid eligibility requirements and be enrolled in Medicaid to receive these services Medicaid (b)(3) services are available to individuals with modern and the services
DMA	Medicaid Community Alternatives Program for Disabled Adults (CAP- DA) Waiver	 Supported employment Physician consult Adult day health Personal care aide Home accessibility and adaptation Meal preparation and delivery Institutional respite services Non-institutional respite services Personal Emergency Response Services Specialized medical equipment and supplies Participant goods and services Community transition services Training, education and consultative 	 An individual must meet financial and categorical Medicaid eligibility requirements and be enrolled in Medicaid to receive these services CAP-DA services are available to individuals with TBI if they meet the entrance criteria Individuals must be 18 years of age or older Individuals must remain in private primary residence Individuals must meet Skilled Nursing Facility level of care
DMA	Medicaid Community Alternatives Program for Children (CAP-C) Waiver	services Assistive technology Case management In-home nurse or nurse aide care Home modifications and vehicle modifications to enhance the child's safety and independence Palliative care Adaptive tricycle Caregiver training and education Respite services Reusable diapers and liners	 An individual must meet financial and categorical Medicaid eligibility requirements and be enrolled in Medicaid to receive these services CAP-C services are available to individuals with TBI if they meet the entrance criteria Individuals must be under 20 years of age Individuals must be medically fragile and at risk for institutionalization Individuals must meet Skilled Nursing or Hospital level of care

DIVISION	PROGRAM	SERVICES	ACCESSIBILITY/AVAILABILITY/DEFICIENCIES
DMH	State Single Stream Funds (not designated by age or disability)	Services include but are not limited to: Medication management Psychological testing Mobile crisis management Developmental therapy Personal assistance Respite services Targeted case management Family Living-High, Low Group Living-High, Mod, Low Supervised Living Supported Employment Day Activity	 NC State-funded services are available to individuals with TBI if they meet the service criteria. State-funded services are "limited to funds appropriated per year" Many of the State-funded rates are not viable for individuals with TBI because of their extensive behavioral and physical health needs
DVR	Division of Vocational Rehabilitation	 Employment services Independent living services Assistive technology Client assistance program 	 DVR Services Counselors can serve individuals with TBI TBI specific programs in Raleigh, Charlotte, and Winston-Salem

(2) Current inventory, availability, and accessibility of residential facilities specifically designed to service individuals with TBI.

Following is a list of the current inventory of residential facilities specifically designed to service individuals with TBI. There are currently no vacancies at any of these facilities and periodically beds become available

PUBLICLY FUNDED				
Name	Licensed to	Location	Capacity	
ReNu Life Extended	ReNu Life	Goldsboro	37	
Taylor Home	ReNu Life	Goldsboro	6	
Pineview Home	ReNu Life	Goldsboro	6	
Lakeview Home	ReNu Life	Goldsboro	5	
Lippard Lodge Luther Family Services of the Carolinas		Clemmons	6	
TBI, Program #3	Person Co. Group Homes	Caswell Co	2	
TBI, Program #1	Person Co. Group Homes	Caswell Co.	3	
Gaston Residential Services	Gaston Residential Services	Gastonia	4	
VOCA-Elm	VOCA-Elm	Hudson	3	
Gail B. Hanks Home	Gail B. Hanks Home	Charlotte	6	

PRIVATELY FUNDED				
Name	Licensed to	Location	Capacity	
Learning Services Neurobehavioral Institute	Private	Creedmoor	6	
Learning Services Neurobehavioral Institute 2	Private	Creedmoor	6	
Learning Services River Ridge	Private	Raleigh	12	
Hind's Feet Farm – Puddin's Place	Private	Huntersville	6	
Durham Campus (Learning Services)	Private	Durham	25	

(3) Existing TBI-specific service definitions for children and adults who receive services through federally funded programs, including Medicaid, federal block grants, and the Veterans Administration; through State-funded programs, including the Traumatic Brain Injury Trust Fund; through county-funded programs; and through other funding sources, as well as the need for additional or revised service definitions to meet the specific needs of those with TBI.

In North Carolina, there are currently no TBI-specific service definitions for children and adults through Medicaid, federal block grants, State-funded programs, or county-funded programs. In addition to the Medicaid, State Single-Stream funds, and DVR services listed in the previously, the table below outlines other current funding sources for TBI services:

SOURCE	DESCRIPTION
Federal Block Grants	There is no Federal Block Grant which provides TBI services
Federal TBI Grant	 North Carolina is currently receiving a competitive federal grant from the Health Resources and Services Administration (HRSA) to support the TBI population that cannot be used to pay for services Funding is designed to assist in building infrastructure
Designated State TBI Funds	 DMH/DD/SAS manages \$2,373,086 to support individuals with TBI throughout the State 53% of these funds were used in SFY 2013 for continuing long term support of individuals in residential facilities 47% of the funds were used for individuals with periodic and emerging needs In SFY 2015 the nine Local Management Entities/Managed Care Organizations (LME/MCOs) requested a total amount of \$3,392,739, which exceeded the allocated funds by 43%
Veterans Affairs	 The Department of Veterans Affairs (VA) has numerous services and supports for veterans who were discharged under other than dishonorable conditions Many NC veterans with TBI are not able to access VA Services because of dishonorable discharges TBI veterans with dishonorable discharges are currently being underserved Many veterans with TBI may have been dishonorably discharged because of behaviors due to their TBI Individuals may present to the LME/MCO for services and may need assistance with having their military records corrected by the discharge review board

(4) Current reimbursement rates tied to settings that treat adults with TBI and the adequacy of these reimbursement rates.

TBI-specific services are not abundant in North Carolina. Many persons with TBI are served by services designed for mental health, intellectual/developmental disability, or substance abuse. Furthermore, the typical costs to adequately support and individual with TBI varies from \$50,000 to \$160,000 per year. The table below outlines the issues with the current reimbursement rates tied to settings that treat adults with TBI.

DIVISION	FUNDING TYPE	ADEQUACY
DMH/DD/SAS	State Single Stream Funds (not designated by age or disability)	 State-funded services that are "limited to funds appropriated per year" are being used for the TBI population with varying levels of success State-funded services commonly used to support individuals with TBI are supervised living, respite, personal assistance, and developmental therapy
DMH/DD/SAS	Supervised Living	 Individuals with TBI and no behavioral issues may be able to live in I/DD or MH group homes A barrier for individuals being successful in MH or I/DD placement is that the TBI population often feels uncomfortable in these settings because they perceive their needs as being different from individuals with MH or I/DD concerns Individuals with TBI and behavioral needs or who are still in the initial phases of rehabilitation require more rehabilitation and behavioral interventions and often cannot be supported with in the existing reimbursement rate
DMH/DD/SAS	Personal Assistance and Developmental Therapy	Individuals with TBI and behavioral needs or who are still in the initial phases of rehabilitation require more rehabilitation and behavioral interventions and often cannot be supported with in the existing reimbursement rate
DMA	Medicaid State Plan Personal Care	 Medicaid State Plan Personal Care is a commonly used service to support the TBI Population that has varying levels of success Individuals may need only cueing and not hands on assistance, which may not qualify them for Personal Care services
DMA	NC Innovations	 Rates and services associated with NC Innovations may effectively support many individuals with TBI who are not in the initial phases of injury and do not have behavioral issues Under NC Innovations, the MCOs have the ability to set individualized rates for individuals who cannot be supported in the usual reimbursement rate NC Innovations is a habilitative waiver and may not always meet the rehabilitation needs to the TBI

DIVISION	FUNDING TYPE	ADEQUACY
		 population Adults on the NC Innovations waiver must have a TBI that occurred before the age of 22

(5) Current accessibility to TBI services, service information, educational materials, and family resources; and any deficiencies that need to be addressed.

The table below outlines current accessibility to TBI Services, the Brain Injury Association of NC (BIANC) and deficiencies that need to be addressed:

ACCESSIBILITY TO TBI **DEFICIENCIES** FAMILY RESOURCES **SERVICES** Accessibility depends on the Individuals with TBI have The Brain Injury Association of funding, capacity, age of the difficulty accessing services North Carolina (BIANC) is the individual, Medicaid eligibility because TBI is housed within the only statewide entity that is and location of services Mental Health / Developmental specific to brain injury Disabilities / Substance Abuse BIANC offers Information & There are currently few specific TBI services in North Carolina Services array Referral services as well as LME/MCOs are tasked with The TBI specific group homes are educational and family resources currently full and not accepting outreach for TBI, a challenge DMH/DD/SAS has contracted given the limited funding new residents with BIANC using the Federal available for TBI There are three TBI specific HRSA Grant to update both its There are currently few specific website and database to collect clubhouses throughout the State: TBI services in North Carolina more information on individuals Asheville, Huntersville and and no TBI specific Medicaid with TBI seeking services and Raleigh. service definitions information Two of these clubhouses are currently being supported with the designated State TBI funds There are three TBI specific Vocational Rehabilitation providers throughout the State

(6) Current status of TBI-specific screening, assessment, triage, and service referrals for children, adults, and veterans; and any deficiencies that need to be addressed.

Existing TBI specific screening and deficiencies are outlined in the table below:

	TBI-SPECIFIC SCREENING, ASSESSMENT TRIAGE AND REFERRALS		DEFICIENCES
•	A portion of a Federal HRSA TBI grant is being used for a pilot TBI screening program to be started within Alliance Behavioral Healthcare's catchment area	•	The NC system does not screen for TBI; an individual must self-identify as having a TBI Many individuals with TBI come into the Mental Health and Substance Abuse system and receive services without their TBI being identified or addressed Results in partial and/or inappropriate service delivery

(7) This State's current organizational model for providing comprehensive needs assessment, information management, policy development, service delivery, monitoring, and quality assurance for children and adults with TBI as compared to TBI organizational structures in other states; and specific organizational models to manage services for persons with TBI that are well coordinated for all citizens, including veterans.

Outlined in the table below are the organizational structure of NC and an organizational structure found in other states:

NORTH CAROLINA	OTHER STATES
 In 1987 Session Law 1987-830, Section 47: Legislation expanded the responsibilities of DMH/DD/SAS to include persons with developmental disabilities. Traumatic Head Injury was included in the definition of developmental disabilities, regardless of age of onset of injury (Governor James B. Martin) In 1993, the first monies directly for TBI were set aside in the DMH/DD/SAS budget (\$300,000) Neither the appropriation of money for TBI, nor the development of services has kept up with the need over the years 	 Many states have a Division of Rehabilitation Services and TBI is served under that division with a proper array of rehabilitation service definitions which includes Vocational Rehab NC does not have that structure

(8) Any other matters related to TBI services for children, adults, veterans, and their families.

None other than those documented above.